

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">E</div> <div>CLAIMS ONLY</div> </div>							Application Number <div style="font-size: 1.5em; font-weight: bold;">09/1736519</div>		Filing Date 			
							Applicant(s) 					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							51					
102							52					
103							53					
104	1	34					54					
105							55					
106							56					
107							57					
108							58					
109							59					
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143							93					
144							94					
145							95					
146							96					
147							97					
148							98					
149							99					
150							100					
Total Indep	4						Total Indep					
Total Depend	98						Total Depend					
Total Claims	102						Total Claims					

0.00

CLAIMS ONLY							Application Number 09/1736519		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					